

Interim COVID-19 Guidance for Child Care Providers: Management of Suspect and Confirmed COVID-19 Cases

This guidance is intended for child care facilities to plan their response to known or possible cases of COVID-19 as well as known contacts. This is based on what is currently known about COVID-19. (Note: information updated in this guidance provided in italics)

Preventive planning

Detailed guidance on planning that will reduce the risk of transmission within the child care setting is available from the [CDC](https://www.cdc.gov). Taking appropriate preventive steps will reduce spread and limit those who will be required to quarantine in response to a case in a facility.

- A person infected with COVID-19 is considered contagious starting 48 hours prior to the onset of their symptoms or two (2) days before the specimen for the test was collected if they had no symptoms.
- Any [close contacts](#) to a case of COVID-19 during the time they are considered contagious will be required to complete a [quarantine period](#) after their last contact with the case.
- **Social distancing:** Proper social distancing can avoid multiple staff members needing to quarantine. Staff should avoid congregating together and should maintain at least six (6) feet of distance from other staff who do not work in the same classroom to the extent that is possible. Staff wearing masks will also help limit the risk of transmission to others if they become contagious but do not know it (in that two days before symptoms start) but wearing a mask does not replace social distancing.
 - Social distancing may not be feasible for young children in a classroom. For this reason, any children and staff in a classroom with a case will be considered close contacts and require quarantine unless specific social distancing practices were observed between all persons in the classroom.
- **Cohorting:** The number of children and staff that will be required to quarantine can be limited by cohorting each class. This means keeping the same children and staff together and limiting any interaction outside of that group. Children cohorted in a class together should be kept away from children in other classes, and staff should practice social distancing when around other staff members.

Children or staff with symptoms of COVID-19 (but no known exposures to someone contagious with COVID-19)

Children and staff should be excluded from the facility if they have:

Any of the following with or without fever:

- Shortness of breath or difficulty breathing -or -

- Loss of taste or smell -or –
- New or worsening cough

If these symptoms are explainable by an underlying condition (such as shortness of breath for an individual with asthma) exclusion may not be necessary.

This is not a complete list of all symptoms of COVID-19, but only those that should trigger an automatic exclusion and evaluation for COVID-19. Other symptoms may include: chills, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea/vomiting, or diarrhea. Many COVID-19 cases show no symptoms at all, and a person is able to spread the virus up to two (2) days before they have any symptoms. Given the overlap of these symptoms with other more common illnesses and the lack of symptoms in many cases, it is not possible to identify and exclude all cases of COVID-19 through [screening of symptoms](#). Careful [preventive actions and planning](#) within the child care are needed to reduce the chances of spread.

If a child or staff member becomes ill during the day:

- Child care providers should plan to have a room to isolate children or staff with symptoms of COVID-19 identified during the day.
- Children and staff should be moved safely, respectfully, as well as in accordance with any applicable privacy laws or regulations to the isolation room for evaluation. The individual should be provided a mask if they are able to use one ([see who should not](#)), and children should be supervised by a staff member who maintains at least six (6) feet of distance.

Return to Child Care Facility:

- Advise sick staff members and children not to return until they have met criteria for return.
- Children or staff excluded for these symptoms can return if:
 - They either test negative for COVID-19 using an antigen test or PCR test (mouth or nose swab or saliva test) or similar test that directly detects the virus
- or -
 - A medical evaluation determines that their symptoms were more likely due to another cause (e.g. asthma exacerbation, strep throat, etc.). In this latter case, the individual can return when they meet criteria for that condition. A doctor's note should be provided that asserts the individual is clear to return based on a more likely diagnosis that requires no further exclusion or states the return criteria based on some other exclusion.
– or -
 - Children or staff with the above excludable symptoms who do not have a negative antigen, PCR or similar test or do not have a more likely cause for their symptoms, must complete the current isolation criteria for COVID-19 to return.
- Current **isolation criteria** for COVID-19 (for those who test positive for the COVID-19 virus or have excludable symptoms but no testing or more likely cause):
 - Children and staff who test positive for COVID-19 (PCR or antigen test) and persons with symptoms of COVID-19 (see list above) who do not get tested, should isolate until:
 - Ten (10) days* have passed since symptoms started - and –

- Twenty-four (24) hours have passed since last fever without taking medicine to reduce fever - and -
 - Overall improvement in symptoms.
- Those who test positive by an antigen, PCR (mouth or throat swab) or similar viral test but do not have symptoms will be required to stay out of child care until ten (10) days* after the specimen was collected.
 - *Note: some people may be required to extend the isolation period to twenty (20) days. Their doctor will need to determine if this is necessary.
- The criteria above should be used to determine eligibility to return. Negative PCR or antigen test results are not required nor recommended after meeting these criteria.
- Recommendations around antigen testing are changing as more is learned about these tests. Facilities should plan to exclude children or staff who test positive and end COVID-19 exclusion for those who test negative. There are cases where confirmatory PCR may be recommended, and guidance has been provided to healthcare providers (<https://scdhec.gov/covid19/guidance-antigen-testing>). Facilities may request a return to child care note from the provider if indicated based on the testing results (i.e. positive antigen determined to be a false positive after confirmatory testing).

Testing

A child or staff member who develops symptoms of COVID-19 but does not get tested could limit DHEC's ability to appropriately respond to new cases and ensure the health and safety of other children and staff.

- Location of testing sites is available on the DHEC website: <https://scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19-screening-testing-sites>

Cases in classroom

Contagious period: If a child or staff member tests positive, they could have been contagious with the virus up to 48 hours before their symptoms began. If they tested positive but had no symptoms, their contagious period begins 2 days prior to the date the specimen for their test was collected.

Person not in the facility when contagious: If a child or staff member is determined to be a case of COVID-19, they must be excluded until they meet criteria for return. Anyone who lives in the same household with the person with COVID-19 will also need to be excluded. No further steps need to be taken if it is determined they were not in the facility during their contagious period.

Person contagious while in the facility: Facility should not reopen the facility until the following measures are in place to prevent further spread in the event a person is determined to have been contagious with COVID-19 while in the facility (see "Actions to Take" below).

- Anyone who spent a cumulative fifteen (15) minutes or more within six (6) feet of the case during a 24 hour period during their contagious period is considered a [close contact](#) and must complete an appropriate quarantine period after their last contact with the case.
- Cohorted classes: If proper cohorting measures were followed in the facility (see "Preventive Planning" above), only children and staff in the classroom cohort with the case and any other identified close contacts will be required to *complete the required quarantine period*.

- Non-cohorted classes: Facility will need to assess everyone who may have been a close contact to the person with COVID-19 and exclude them from the facility.
- The classroom will need to be closed for [cleaning and disinfection](#) before it can be used again.
- The facility should inform parents of other children in the facility who were not classroom or other close contacts to the person with COVID-19 that they should monitor their children for symptoms. The facility should also monitor incoming children and staff each morning for symptoms until fourteen (14) days after the case was last in the facility.
- Flyers are available from DHEC to assist in making these notifications and explaining expectations.

Quarantine

Some children or staff may have been told they were a close contact to a case of COVID-19 outside of the child care facility and have to complete a quarantine period. This means they will be required to stay home so they do not risk exposing others to COVID-19 if they become sick. For children, a parents' note that they have been cleared from quarantine may be used to allow return to child care.

[CDC](#) provides guidance on quarantine recommendations. The standard quarantine period remains fourteen (14) days, but options for shortening that time period are discussed below (see "Quarantine Period").

- Household contact: If the child or staff member lives in the same household as a known case, their quarantine period begins on the date their household member has been cleared from their isolation period. If they are not a caretaker of the household member who is sick and can separate themselves into their own space in the home, their quarantine period begins the day that they had their last close contact with the ill person.
- Other close contact: If a child or staff member has been told they are a close contact to a known case of COVID-19, their quarantine period begins the day they had their last close contact with the case. If they have an additional close contact during their quarantine period (such as another household member gets sick), they must begin another quarantine period.
- Quarantine period: The standard quarantine period after close contact with someone contagious with COVID-19 is fourteen (14) days. CDC has provided two (2) options for shortening that time period that facilities may choose to apply as long as all conditions listed below are met.
 1. Quarantine can end after **Day 10** without testing and if no [symptoms](#) were reported during daily symptom monitoring.
 2. Quarantine can end after **Day 7** if a viral test is negative **AND** if no [symptoms](#) were reported during daily symptom monitoring.
 - a. The viral test must be collected no sooner than Day 5 to be used to shorten quarantine, but quarantine cannot be discontinued earlier than completion of Day 7.
 - b. Viral tests include those collected by a swab of the nose or throat (PCR or antigen tests). Blood tests for antibodies may not be used to shorten quarantine.

These conditions must also be met to end quarantine early (Note: Any child or staff member who develops symptoms must be immediately excluded and should be tested or complete the ten (10) day isolation period.):

1. No symptoms of COVID-19 occurred during the an individual's quarantine;

AND

2. These individuals should receive daily monitoring for symptoms until Day 14 after last exposure to the COVID-19 case;

AND

3. They must continue to closely follow the preventive actions the facility has in place to prevent spread of the virus (correct and consistent use of face coverings when feasible, social distancing, hand hygiene, etc.) through quarantine Day 14.

Those returning before completion of the 14-day period should have daily monitoring for symptoms until 14 days have passed since their last contact. Because these individuals are higher risk for becoming contagious with COVID-19 based on having a known exposure to case, the following criteria should be used to exclude and recommend testing.

- a. Any of the following symptoms:

- Shortness of breath or difficulty breathing
- Cough
- Loss of taste or smell
- Fever of at least 100.4

Or any two or more of the following symptoms:

- Headache
- Fatigue
- Sore Throat
- Congestion or runny nose
- Muscle pain
- Nausea/Vomiting
- Diarrhea

- b. This expanded exclusion criteria is only applicable during what would normally be their 14 day quarantine period. After completion of that, children and staff should be evaluated based on the regular exclusion criteria.

Staff working while in quarantine: To limit the chances of COVID-19 spread in the facility, staff should plan to quarantine at home and not return to work after close contact to someone contagious with COVID-19. However, child care staff could be considered critical infrastructure workers and thus may be permitted to work if they follow the precautions outlined in the links below. It is recommended that facilities notify parents and guardians that this approach is being used to allow staff to return to work.

- These employees must wear a mask at all times while in the facility, monitor for symptoms daily and throughout the day, practice social distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often. Review the links below for specific guidance. These employees should avoid working with children and staff with medical conditions that may put them at risk for severe illness. Those unable to follow the outlined precautions should not plan to return to work until completing their quarantine period.

- These employees should continue to quarantine at home when they are not at work and avoid public settings.
- If these employees have any of the symptoms listed above, they must not go to work or must separate themselves from others and leave immediately. They should not plan to return until they meet "Return to Child Care Facility" criteria above.
- Links to guidance for critical infrastructure workers:
 - https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423331/DC_CISA_Interim_Guidance_Critical_Workers_Safety_Practices_COVID19.pdf
 - https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423330/DC_CISA_Flyer_Essential_Critical_Workers_Dos_and_Donts_COVID19.pdf

Note: No actions are necessary within the facility to respond to a child or staff member who has been told to quarantine unless that individual is later determined to be a case and was contagious while they were in the facility. They may return when they meet criteria to end quarantine as described above.

Reporting

General guidance can be obtained through the DHEC Care Line **1-855-4-SCDHEC (1-855-472-3432)**. However, multiple cases in a facility should be reported to the appropriate regional health department. Please see the contact information below for the regional health departments.

Lowcountry

Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405

Office: (843) 441-1091
Fax: (843) 953-0051
Nights/Weekends: (843) 441-1091

Midlands

Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York

2000 Hampton Street
Columbia, SC 29204

Office: (888) 801-1046
Fax: (803) 576-2993
Nights/Weekends: (888) 801-1046

Pee Dee

Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg

1931 Industrial Park Road
Conway, SC 29526

Office: (843) 915-8886
Fax: (843) 915-6502
Fax2: (843) 915-6506
Nights/Weekends: (843) 915-8845

Upstate

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union

200 University Ridge
Greenville, SC 29602

Office: (864) 372-3133
Fax: (864) 282-4373
Nights/Weekends: (864) 423-6648

Summary of actions to take in response to a case

Carefully review the guidance above.

1. If notified of a case in a child or staff member, they must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine period.
2. Was the case(s) contagious while in the facility [two (2) days before onset of symptoms or two (2) days before the test specimen was collected (if no symptoms)]?
 - No → No further action after excluding them and household members
 - Yes (specific recommendations below) → should not reopen facility until these measures are in place:
 - Identify all close contacts.
 - Plan to close down all areas the person was in while contagious until cleaning is done.
 - Begin monitoring of anyone who continues to attend.
3. Identify close contacts:

- This will include any individuals with whom they spent a cumulative fifteen (15) minutes or more within six (6) feet during a 24 hour period.
- Any staff members who did not observe proper social distancing with the case will be considered close contacts (regardless of whether a mask was worn or not).
- Anyone in the same classroom including staff and other children will also be considered close contacts.
 - Possible exception: If it involves a group of older children who were able to observe proper social distancing at all times while in the facility, it is possible that they can be monitored (see below) instead of excluded (must be comfortable that social distancing was always observed).
- All close contacts must be excluded from the facility until they complete quarantine requirements after last contact with case (usually last day they attended). If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer considered contagious.
- If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other staff and children in the facility may be monitored (see below) rather than excluded.
- If there was no cohorting of classes, must assess everyone in the facility that the case may have come into contact and exclude them until they complete their quarantine period.

4. Monitoring of those not considered close contacts:

- Notify parents that they must monitor their children for symptoms and must not allow their children to attend if they become ill (notification flyer available from DHEC).
- Check all children and staff for symptoms at the beginning of each day and observe for symptoms throughout the day. If symptoms are detected, separate the individual from other staff and attendees and arrange for them to be sent home.
- This should continue until fourteen (14) days after the last day the case was in the facility.

5. Cleaning the facility anywhere the person may have been while contagious:

- CDC cleaning guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

6. Reopening:

- May plan to reopen when all the actions above are completed and precautions are in place.

7. Clusters:

- If they report three (3) or more cases within 48 hours, you may contact your regional DHEC office at the information above to report as a cluster.